

JPW

PTO/SB/21 (09/04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OIP E TRANSMITTAL FORM FEB 12 2007 (to be used for all correspondence after initial filing)	Application Number	10/723,565
	Filing Date	November 25, 2003
	First Named Inventor	Michael HOGENDIJK
	Art Unit	3734
	Examiner Name	Vy Q. BUI
	Attorney Docket Number	MH-001 CIP (31530-1020)
Total Number of Pages in This Submission		69

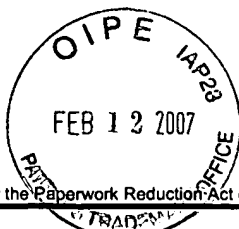
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Three(3) non-U.S. Patent Documents
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. PCT Int'l Search Report
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3. Supp. EPO Search Report
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	4. Check No. 187883 for \$180.00
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	5. Return-receipt postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Luce, Forward, Hamilton & Scripps LLP		
Signature	<i>Nicola A. Pisano</i>		
Printed name	Nicola A. Pisano		
Date	February 7, 2007	Reg. No.	34,408

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Anna M. Skolnick</i>		
Typed or printed name	Anna M. Skolnick	Date	February 7, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number	10/723,565
Filing Date	November 25, 2003
First Named Inventor	Michael HOGENDIJK
Examiner Name	Vy Q. BUI
Art Unit	3734
Attorney Docket No.	MH-001 CIP (31530-1020)

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 50-2298 Deposit Account Name: Luce, Forward, Hamilton & Scripps LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Information Disclosure Statement

Fees Paid (\$)

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 34,408	Telephone (858)720-6300
Name (Print/Type)	Nicola A. Pisano		Date February 7, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Atty. Docket No.: MH-001 CIP (31530-1020)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:) Group Art Unit: 3734
Michael HOGENDIJK) Examiner: Vy Q. BUI
Appl'n No.: 10/723,565) Conformation No.: 9946
Filed: November 25, 2003)
For: VASCULAR PROSTHESIS)
INCLUDING TORSIONAL)
STABILIZER AND METHODS)
OF USE)

San Diego, California

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir or Madam:


In accordance with 37 C.F.R. § 1.56, Applicant makes the documents, listed on the enclosed form PTO/SB/08a, of record in the above-identified application. In accordance with 37 C.F.R. § 1.97, this statement is not to be construed as a representation that a search has been made, and is not a representation that the information cited is effective as prior art to the application or is material to patentability.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail, with sufficient postage in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, Alexandria, VA 22313-1450.

Date of Deposit: February 7, 2007

Signature: _____


Anna M. Skolnick

U.S. Application No. 10/723,565
Filed: November 25, 2003
Attorney Docket No.: MH-001 CIP (31530-1020)

* * *

Copies of the U.S. patents and U.S. patent publications listed on the attached form PTO/SB/08a are not enclosed, in accordance with the waiver of the requirement of 37 C.F.R. § 1.98(a)(2)(i) for submitting a copy of each cited U.S. patent and U.S. patent application publication for all U.S. national patent applications filed after June 30, 2003 that appears in the Official Gazette Notice (Week No. 31) dated August 5, 2003 and entitled "Information Disclosure Statements May Be Filed Without Copies of U.S. Patents and Published Applications in Patent Applications Filed After June 30, 2003. Copies of foreign patent publications are enclosed herewith.

It is respectfully requested that these documents be (1) fully considered by the U.S. Patent and Trademark Office in the examination of the above-identified application; and (2) printed on any patent which may issue on this application. It is also respectfully requested that a copy of Form PTO/SB/08, as considered and initialed by the Examiner, be returned to the undersigned with the next communication in accordance with M.P.E.P. § 609.

U.S. Application No. 10/723,565
Filed: November 25, 2003
Attorney Docket No.: MH-001 CIP (31530-1020)

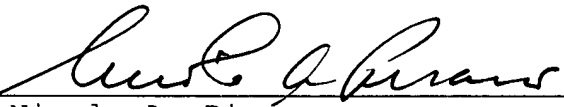
In accordance with 37 C.F.R. 1.97(c), this Supplemental Information Disclosure Statement is filed after the period specified in, 37 C.F.R. 1.97(b) and (e), but before the mailing date of any final action under § 1.311, a notice of allowance under § 1.311, or an action that otherwise closes prosecution in the application. Accordingly, the fee of \$180.00 required under § 1.17(p) is hereby enclosed. Each item of information contained in the Information Disclosure Statement was first cited in a communication from a foreign patent office or PCT in a counterpart foreign or PCT application.

The Commissioner hereby is authorized in this and concurrent replies to charge payment (or credit any overpayment) to Deposit Account No. 50-2298 in the name of Luce, Forward, Hamilton & Scripps LLP for any additional fees required under 37 CFR 1.16 or 1.17.

Respectfully submitted,

Date

February 7, 2007



Nicola A. Pisano
Attorney for Applicant(s)
Reg. No. 34,408
c/o LUCE, FORWARD, HAMILTON &
SCRIPPS LLP
11988 El Camino Real, Ste. 200
San Diego, California 92130
Phone No.: (858) 720-6300

Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet

1

Q

1

Complete if Known

Application Number	10/723,565
Filing Date	November 25, 2003
First Named Inventor	Michael HOGENDIJK
Art Unit	3734
Examiner Name	Vy Q. BUI
Attorney Docket Number	MH-001 CIP (31530-1020)

U. S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	MM-DD-YYYY			
		WO 97/21399 A1	06-19-1997	HASSAN, et al.		✓
		WO 98/38945 A1	09-11-1998	GLATT, et al.		✓
		EP 1 110 515 A2	06-27-2001	Medinol Limited		

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND**

TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.